

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

REC.
SECRETARY OF STATE
PUBLIC RECORDS
14 APR 15 PM 4:24

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
Natalie Tennant For Senate

ADDRESS (number and street) **P.O. Box 1063**
Check if different than previously reported. (ACC) **Charleston** **WV** **25324**
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** **C** **C00549592**
3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**
4. STATE **WV** DISTRICT **00**
For Candidates Only

5. **TYPE OF REPORT**
(Choose One)
(a) Quarterly Reports:
☒ April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2) and/or Semi-annual Report
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE) and/or Semi-annual Report
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)
M M D D Y Y Y Y in the State of See Line 6(b)
Election on
(d) 30-Day **POST**-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
M M D D Y Y Y Y in the State of See Line 6(b)
Election on

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
This report covers M M D D Y Y Y Y through M M D D Y Y Y Y and/or January 1 - June 30
01 01 2014 03 31 2014 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
18560.50

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Arden J. Curry II**
Signature of Treasurer **Arden J. Curry II** Date **04 15 2014**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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02/2009

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